

**SECRET**

DPD-0986-59

Copy 5 of 5

9 February 1959

**MEMORANDUM TO: Insurance Branch**

**FROM : DPD-DD/P**

**SUBJECT : Hospitalization Claim**

25X1

1. Transmitted herewith are signed Application for Disability Benefits and receipts to substantiate claim

25X1  
25X1

2. Please send reimbursement check to this office.

**Administrative Assistant**

25X1

**Distribution:  
1A2 - Addressee**

25X1

**SECRET**